

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000043685

1. Entity Name

A WOMYN'S TOUCH BOAT MAINTENANCE, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90126 026 \*\*\*150.00

Principal Place of Business

12555 BISCAYNE BLVD  
 STE 778  
 N MIAMI FL 33181  
 US

Mailing Address

12555 BISCAYNE BLVD  
 STE 778  
 N MIAMI FL 33181-2522  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0666882

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~WONG-HERBERT, PATRICIA~~  
 1555 NE 121 ST STE S-401  
 N MIAMI FL 33161

Name WONG, PATRICIA

Street Address (P.O. Box Number is Not Acceptable)

8320 EAST DIXIE Hwy

City MIAMI

FL

Zip Code 33138

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

PATRICIA WONG

fwg

4/22/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME PT

STREET ADDRESS WALDMAN, JEANNE M

CITY-ST-ZIP 1555 NE 121 ST S-203

N MIAMI FL 33161

TITLE ☐ Delete

NAME VPS

STREET ADDRESS SINNETT, DEBRA

CITY-ST-ZIP 610 SW 8TH ST

HALLANDALE FL 33009-0052

1090 NW 23rd ST

MIAMI, FL 33127

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeanne Marie Waldman Jeanne Marie Waldman 4/23/2000 (305) 893-5269  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)